



CHRISTMAS WITH A COP

CHRISTMAS ASSISTANCE PROGRAM APPLICATION/REGISTRATION FORM

Applicants must be within the Yukon public or private school districts.

Shopping date is scheduled for Saturday, December 2nd, 2017

8:00 a.m. until 11:00 a.m. Registration is at 7:30 a.m.

Yukon Police Department—Administration Division (405)354-1551

Child's Name: _____ Circle: Male or Female

Parent/Guardian Name: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Child's School: _____

Child's Grade: _____ Child's Teacher: _____

Child's Age: _____

Has any child in the household participated in our program before? YES or NO (circle)

If Yes, please give the child's name and age: _____

of immediate family members in household: _____

Estimated Average Household Income: _____

Please list any special needs of the child (i.e. wheelchair, ADHD, medications, allergies, etc.):

Comments: _____

Please Mail or Drop This Form To:

Yukon Police Department

Attn: Susie Wright

100 S. Ranchwood Blvd.

Yukon, Oklahoma 73099

Deadline for Consideration is Friday, November 17th, 2017

I authorize the Yuko Police Department to use photos, and or other likenesses of my child or the child for whom I have legal guardianship for any promotional materials regarding "Christmas with a Cop". The Yukon Police Department reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of participant, parent or legal guardian.

Participant's Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

(If participant is less than 18 years of age)